FOR INSTRUCTIONS, SEE BACK OF FORM

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed IA ETHICS AND statements and reports filed by all committees for state office must be filed IA ETHICS AND

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

	<u>L'</u>	reset Form	2010	IN CLIMIT	1 3.02
COMMITTEE NAME (Must be same as on Statement of C	rganization)				
Committee to Elect Mascher	···•			FORM	
IMPORTANT: Indicate by # 6 years of a service.			1 1	DR-2	DISCLOSURE
IMPORTANT: Indicate by # type of committee you are reporting for a 1)Statewide/Legislative/Judge Standing for Retention Candidate	(2)State BAC (3)Otata Bart		/R	ev 12/2009)	PEPOPT
(4)County Central Committee (5)County Candidate (6)City Ca	ndidate (7) School Board or Out	er Political			
Subdivision Candidate (8)County PAC (9)City PAC (10)Scho 11) Local Ballot Issue	ol Board or Other Political Subdiv	rision PAC (F0	r Office Use On	⁴ 8/ ₄ 2
CANDIDATE COMMITTEES ONLY:			100	or Office Use On	2012
Candidate Name	Political Party (if app	licable)	150	gged III.	
Mary Mascher	Democratic				
Iowa House of Representatives	District (if Senate or)	House)			
ate reports are subject to possible civil and criminal penalties. I andidate's committee, and the chairperson, for any other type of	Pursuant to lowa Code sections of committee, is the individual re	68B.32A(7) are sponsible for f	nd 68A iling tin	.401(3), the can nely and accura	didate, for a te reports:
Jeanette Caster	319-338-59	22_		5/10	-///
SIGNATURE OF PERSON FILING REPORT	<u> 319-338-59</u> TELEPHON	<u></u>		5//S DATE SI	ANED .
				BATEON	511EB
AM FILING A May 19, 2010	REPORT FOR (1) EL	FCTION //2\N	lON-E	I ECTION VEA	D
(report date)		icate by #		LLO HON TEA	K.
CHECK IF AMENDMENT TO REPORT DATED		-			·
201120111 PUNEROMENT TO REPORT DATED				ittees, enter Date	of Election
J Check it this is tinal (termination) report and attach Notice of Dissolution Form DR-3			vember 2, 2010 inty & Local Committees, enter County in		
(You must continue to file reports until a DR-3 is file	ed.)	Coun which John	Flection	cal Committees, on is held	enter County in
STATEMENT OF CASH ON HAM	ID				
ASH ON HAND at the beginning of the reporting period. (T committee. This amount MUST be the same as the of the last reporting period or must be zero if this is	cash on hand at the end		\$	\$3,944.06	
ADD TOTAL MONEY TAKEN IN THIS PERIOD	•		Ψ		
Schedule A: Cash Contributions total (Attach Sche	dule A) (*also see in-kind belo	ow)		\$2,220.00	
Schedule F: Loans Received total (Attach Schedule	e F)	•••••			
Schedule H: Total Sales of Campaign Property (At					
(Schedule H applies to Candidates' Com					
		TAL	\$	\$6,164.06	
SUBTRACT TOTAL MONEY SPENT THIS PERIO			•		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans	helow)		\$ 140.00	
Schedule F: Loan Repayments total (Attach Sched		•			
ASH ON HAND at the end of this reporting period (if final re				\$6,024.06	
INPAID BILLS (From Schedule D - Attach Schedule D)					
KIND CONTRIBUTIONS (From Schedule E - Attach Sche					
OUTSTANDING LOANS (From Schedule F - Attach Schedu					· · · · · · · · · · · · · · · · · · ·
DNSULTANT BREAKDOWN (Schedule G Attached?)	ие г <i>ј</i>	•			
-				YESN	ס
NDIDATE COMMITTEES ONLY:					
LUE OF CAMPAIGN PROPERTY (From Schedule H - Atta	sch Schedule H)		œ		

For Instructions, See Back of Form

Committee to Elect Mascher

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

(moduling candidate's personal runds)	
COMMITTEE NAME (Must be same as on Statement of Organ	ization)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS		
CHECK THIS BOX IF			

Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOF FUND- RAISER INCOME
16/10	ID#	Weyne Haddy 2151 Lynnerest Drive Coralville, IA 52241		\$ 25-00	INCOME
1/6/10	ID#	Coleen Chipman 1490 Forenegreen Road North Liberty, IN 52317	sister	30	
16110	ID# CK#	Christine Robret 2305 Banbury ST Fama City, IA 52245	Sister	2500	
1/6/10	ID# CK#	Barbara L. Haring 2902 Costroval Drive Iowa City, IA \$2245-5417		25-20	Č
16/10	ID# CK#	William L. Haues 607 Green Acres Drive 5010n, IA 52333		25===	
16/10	ID# CK#	Patrick J. Muller 420 Iour St. PU. Box 406 Hills, IA 52235		25 <u>oc</u>	
16/10	ID# CK#	Lynette Jacoby 2308 N. Ridge Drive Coralville, IA 52241		25-00	Ľ
16/10	ID#	Regenia Bailey P. C. Box 5 68 Tace City, IA 5 2244		25 <u>00</u>	2
16/10	ID# CK#	Jeane He Carter 424 Cakland au Iowa Ciky, IA 52240		25 ^{-ce}	L
1/6/10	ID# CK#	Dennis Roxman 2611 E. Court St. Ioux City, IA 52245		25-09	
			SUB-TOTAL	<i>0</i> 0	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the

lage 1 of 5

TOTAL (if last page of this schedule)

For Instructions, See Back of Form CONTRIBUTIONS -- MONEY TAKEN IN (Including candidate's personal funds) COMMITTEE NAME (Must be same as on Statement of Organization) COMMITTEE TO ELECT MASCHER

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOI FUND- RAISER INCOME
1/6/10	CK#	Linda Hopkins 23 Durham Ct. Lowa City, IA 52240		\$ 25-2-	L
16/10	ID# CK#	Junelle Rettig Robin Butler 110 Shrader Rds Towa Costy, IA 52245-4920		25	L
16/10	ID# CK#	Dorothy Paul-Peterson 9 Penn Circle IDEA City, IA 52245		ってや	
16/10	ID# CK#	Marilyn Wirtz 917 Fairway Ln. SE Iowa City, FA 52240.		25-00	C
1/6/10	ID# CK#	Peter Haisen 1203 Cambria Court		5000	i
16/10	ID#	Down City, IA 52246 Sarah Swisher 917 Bowery St. Jown City, IA 52240		50 00	
16/10	ID# CK#	Janice Rutledge 514 Terrace Road Lown City, IA 52245		500	U
6/10	ID# CK#	Eileen Fisher 5709 110% st. NE Solon, IA 52333		50° 00	
16/10	ID# CK#	Robert Duorsky 412 Sinth st. Coralville IA 52241		25-0	V
1/2/20 1	CK#	Ronald Fielder 3076 Deerfield Dr. NE Swisher, IA 52338		75-00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page ______ of ______

TOTAL (if last page of this schedule)

For Instructions, See Back of Form

Reset Form

SCHEDULE	
Α	
(Rev. 07/03)	

MONETARY RECEIPTS

CHECK THIS BOX IF

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Elect Mascher

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	DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	DELATIONOLUD		
	RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER	TO THE PART ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
	11	ID#	Christine Luzzie			INCOME
/	16/10	CK#	338 Kaseraue		\$ 200	L
		ID#	Iowa City, IA 52246		100	
	1/6/1/	CK#	Nancy B. Willis 2984 Oliver Lane NE		1 20	1
V	110	•	Iowa City, IA 52246 - 7959		1000	ــــا إ
	11	ID#	Gay Mikelson	 		
	16/10	CK#	8 Bangor Civele		25-	4
V		ID#	Iowa City, IA 52246		100-	
	16/10	CK#	Vicki Saunders 102 South Westminster		> 00	
J	10/10	Ortar	Iowa City, IA 52245		30=	
	11.	ID#	David Leshtz			
	16/10	CK#	BOK 1945		25-00	<u></u>
f	1 1	ID#	Ioua City, IA 52244		2,0	
ı	16/10	0.44	Dr. Marygrace Elson 3661 Foxanna Drive		•	I L
V	0//0	CK#	Iowa City, 7A 52246-86	6.7	10000	L
1	7.7	ID#	Jerome T. Howe			
	16/10	CK#	37 Quail Valley Court		00	2
U	///	O1 (J)	Down City, It 5 2246		5000	
Γ	1/,	ID#	Theresa Dervnich			
	16/11)	CK#	46 Broadmoor Lane		2000	1
4	//0		Iowa Can, IA 52245-931	4	25	
	1/1/1/2	ID#	Carol M. Hompson			
V	16/10	CK#	5 Kelsey CT		25-00	
H	. /	ID#	Caralville, IA 52241			
	Mallio	1	Douglas K. Allgine 329 Highland drive		100	
J	10110	CK#	I owa City, IA 52246-1603		50-	
				SUB-TOTAL		
					20 - 20	

TOTAL (if last page of this schedule)

^a Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the

Page 3 of D

For Instructions, See Back of Form	Reset Form	SCHEDULE	
CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)	Acoset I Gilli	A (Rev. 07/03)	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) COMMITTEE TO ELECT MASCHER		· —	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	1 (=====
RECEIVED	(if applicable)	The state of the s	TO CANDIDATE*	AMOUNT RECEIVED	√ IF FOR FUND-
(MM/DD/YR)	AND PAC CHECK		(if applicable)	112021120	RAISER
7.7	NUMBER ID#				INCOME
1//) 1 <i>D#</i>	Miscellaneous Cash			
16/10	CK#	1 .		\$ 00	
110	Oran	Contributions		30-	ļ ———
2 4	ID#	+ 11		<u> </u>	
1/15/10		Jan H. Jehle	ļ	٠,٠,٠	
1/3/10	CK#	161 E. Jeffersonst.		5000	
	ID#	Joan H. Jehle 1167 E. Jeffersonst. 1042 City, IA 52245		30	
1/19/10	ID#	James P. Hages		ار. ـ	
1/9/10	CK#	1142 E. Courtst.	}	00	
110		TOWN CATY, IA 52240	i .	11/1	
1,	ID#			700	
123/10	01411	Mrs. Louise Archer 5045: 420 st. s.c.		99	
1110	CK#			10	
	ID#	Iowa (ty, IA 52240 - 9097		10	
1/25/10	10#	Margaret and Charles Felling 325 S. 9th ave.			
125/10	CK#			2000	
. / / 0		Ioun City, IA 52240		20	l
11	ID#	larry Bartlett			
1/21.1.0	CK#	2688 Hidden Valley W. NE		00	
1/26/10	OI\#	Solon, IA 52233-9689		100	L
	ID#				
2/5/10		Norma Carlson 110 Ravenerest Drive		41.22	
15/10	CK#	110 Ravenerest Drive		2500	
	ID#	Iowo City, IA 52245-3926		00	
2/1/10	'IU#	Thomas R. Scott			·
12/10	CK#	419 E Feirchild		<u> </u>	
//		Town City, IA 52285-2823		100	
	ID#			 	
2/10/10	014	Carol Spaciani 409 Crestiew ave.	ļ	ريو.	1 1
1/0/10	CK#	409 Cresto ew Con	[25	
	ID#	Tava City, IA 52245-3223		- • -	
3/17/10	101F	Peter J. Hausen	1	110 -	
- <i>3 - 1</i> //0	CK#	1203 Cambria Ct.	,	100	1 11
·		Jowa City, IA 52246		100	
			SUB-TOTAL	~, 50	

TOTAL (if last page of this schedule)

Page _____of ___

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For Instructions, See Back of Form			
CONTRIBUTIONS MONEY TAKEN IN	Reset Form	SCHEDULE (Rev. 07/03)	MONETARY RECEIPTS
(Including candidate's personal funds) COMMITTEE NAME (Must be same as on Statement of Organization) COMMITTEE TO ELECT MASCHER		CHE	CK THIS BOX IF NDING FORM
STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLIT NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBED DISCLOSURE BOARD.	ICAL ACTION COMMITTEE), ERS IS AVAILABLE FROM TH	LIST THE PAC IDE	NTIFICATION ND CAMPAIGN

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DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	I AMOUNT	√ IF FOR
RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK		TO CANDIDATE* (if applicable)	RECEIVED	FUND-
	NUMBER		(ii applicable)		RAISER INCOME
3/161	1	Judy Pfohl		\$	
3/18/10	CK#	2224 Abbey Lane Town City, FA 52246-4505		100 0	†
-	ID#	Jo Lavera Jones			
3/21/10	CK#	3201 Muscatine ave. #1 Iowa City, IA 52240		50	
111	ID#	Paula Vincent			
4/10/10	CK#	302 Butternut Lane		500	
<i>c I</i> .	ID#	I awa City IA 52246			
4/30/10	CK#	Debora Li Liddell 4831 Southelase Court		5000	
	ID#	4831 Southeliase Court Four City, FA 52245		7	
4/201	, .	Sirous S. Shirazi		00	
4/30/10	CK#	3670 Forest Gate NE LOWA City LA 52240		25	
4/2/	ID#	Kenneth P. Kates		00_	
4/30/10	CK#	801 6th ave		50	
161-	ID#	Coralville, IA 53241 Renee Robillard			
4/30/10	CK#	370 i White tail CT, N.E. Law City, IA 52240		150 =	
	ID#	Jan 194, 24 52240			
	CK#				
	ID#				
	CK#				
	ID#				
	CK#		ŀ		
	O. G.			}	
			SUB-TOTAL	151/00	

TOTAL (if last page of this schedule)

Page ______ of _____

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FOR	INSTRUCTIONS,	SEE BAC	CK OF FORM
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Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE	
В	MONETARY
(Rev. 07/03)	EXPENDITURES

CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME (Must b	e same	as on Statemer	nt of Organization)
Committee	to	Elect	Mascher

	CANDIDATE	NAME AND ADDRESS TO WHOM		
DATE EXPENDED (MM/DD/YR)	ID NUMBER (if applicable) AND PAC CHECK	EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	NUMBER			
1/ 376	ID#	the Vez Grocery 8/2 S. First ave.		
112/10	CK#	1 5/2 S. First ave. I owo City, IA 57245	Stanys (Temeta)	\$ 44 00
1/ 1019	ID#	Hy Vee Grocery 1720 Water front Dr.	(cane je)	
14/10	CK#	I tro water front Dr. Iowa City, IA 52240	Stamps (Jeunette) Stamps (many)	46
31 loig	ID#	Town House Truman Fund	(price hy)	
3/24/10	CK#	Town House Truman Fund 5661 Fleur Drive Des Moines, IA 50321	contribution	46 50
	ID#) -027		
	CK#			
	ID#			
	СК#			
	ID#			
	CK#			
	ID#			_
·	CK#			
	ID#			-
	CK#			
				e . 6. 66

SUB-TOTAL

TOTAL (if last page of this schedule)

\$140 ° \$140 °

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)